2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 02, 2001 8:00 am Secretary of State **DOCUMENT # \$26397** THE FORREST COMPANY REALTY OF NAPLES, INC. 02-02-2001 90292 041 ***158.75 Principal Place of Business Mailing Address 1170 3RD ST S 1170 3RD ST S SUITE C200 SUITE C200 NAPLES FL 83840 34102 NAPLES FL 3550 34/02 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0238841 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORREST, JAMES E. Street Address (P.O. Box Number is Not Acceptable) 1170 3RD ST S SUITE C200 NAPLES FL 36593 34102 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PST TITLE ☐ Delete TITLE ☐ Change ☐ Addition FORREST, DOROTHY G NAME 1170 3RD ST S C200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition FORREST, DOROTHY G NAME NAME 1170 3RD ST S C200 STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR